CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		4 ACCOUNT#	2 Total pages filed:					
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed.					
3 CANDIDATE/	MS / MRS (MR) FIRST	MI	OFFICE USE ONLY					
OFFICEHOLDER		^	Date Received					
NAME	GEORGE	<i>.</i> 						
	NICKNAME LAST	SUFFIX						
	ATIGINS		CITY CLE 2011 MAY - 4					
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; CITY:	STATE; ZIP CODE	1 2					
OFFICEHOLDER	PO BOX 370395		Date Hand-delivered or Postmarked					
MAILING) () () () () () () () () () (79927	Date (land do line)					
ADDRESS	EL TASO,	TX 19997	Receipt # Amount					
change of address			_					
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Processed					
OFFICEHOLDER	(915) 591-3365	* · · · · · · · · · · · · · · · · · · ·	0 .7					
PHONE	(1,0)							
6 CAMPAIGN	MS /(MRS)/ MR FIRST	MI	Date Imaged					
TREASURER	ERNESTI	NE T.						
NAME	NICKNAME LAST	SUFFIX						
	NICKNAME							
<u>. </u>	ATKINS							
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE					
TREASURER	3132 FIERRO DR.							
ADDRESS (residence or business)	1	Das my	76926					
(Tesidefice of business)	L.F.	PASO, TX	17133					
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION						
TREASURER	10.61 1111 5897							
PHONE	(915) H11-5087							
9 REPORTTYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer					
	January 15 30th day before election		appointment (officeholder only)					
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)					
10 PERIOD	Month Day Year	Month Da						
COVERED	4/15/2011 THROUGH	5/4	2011					
	1/ 0/ 2-11		· ·					
44 ELECTION	ELECTION DATE ELECTION TYPE	<u>.</u>						
11 ELECTION	Month Day Year	^ \	₹ 0					
	5/14/2011 Primary	Runoff	General Special					
		40 000000000000000000000000000000000000	ough.					
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if kn						
		City Cour	ICIL DISMPICT 5					
AA NOTICE								
14 NOTICE OF DIRECT	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDI	TURES MADE BY OTHERS WITHOUT	THE CANDIDATE'S PRIOR CONSENT OR APPROVAL.					
CAMPAIGN	CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMAT	TION ONLY IF THEY RECEIVE NOTHIC	ATION OF THE DIRECT CAMPAIGN EXI ENDITORES					
EXPENDITURE	Name							
BY OTHER	100.10							
INDIVIDUALS								
	Address / PO Box; Apt. / Suite #; City; State; Zip Code							
additional pages		•						
	<u> </u>							
GO TO PAGE 2								
1								

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

(512) 463-5800

15 C/OH NAME GEORGE	GA.	TKINS	16 ACCOUNT # (Ethics Commission Filers)			
17 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
	COMMITTEETIFE		CITY C			
	GENERAL	COMMITTEE ADDRESS	MAY -			
	SPECIFIC		- F			
		COMMITTEE CAMPAIGN TREASURER NAME)EP 3: 4			
additional pages	•		7.			
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZI				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$315.00			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		IZED \$			
	4. TOTAL POLITICAL EXPENDITURES \$					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD					
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$			
19 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code						
DOLORES M. JENKINS NOTARY PUBLIC In and for the State of Texas My commission expires 04-25-2014 DOLORES M. JENKINS Signature of Candidate or Officeholder						
AFFIX NOTARY STAMP / SEAL ABOVE						
Sworp to and subscribed before me, by the said <u>Searce</u> Sworm takens, this the day of Aby, 20 // , to certify which, witness my hand and seal of office.						
Dolores Dr.	Jestins	Dolores M. Jenkins	Hotary			
Signature of officer adm	nimistering oath	Printed name of officer administering oath	Title of officer administering oath			

(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	1 Total pages Schedule A:			
			3 ACCOUNT # (Et	thics Commission Filers)	
2 FILER NAME GROR	GE G, ATKINS		(-	,	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	١	7 Amount of	8 In-kind contribution	
	_		contribution (\$)	description (if applicable)	
4/19/201	RAY ZULOAGA 6 Contributor address; City; State; Zip Code 10 LOO A KINROSS, ELPAS	15.00	·		
		79935	(If traval autaida a	of Toyas, complete Schedule T)	
			of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) 10 Employer (See I			nstructions)		
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of	In-kind contribution	
			contribution (\$)	description (if applicable)	
4/20/2011	MELINDA CHANCE Contributor address; City; State; Zip Code 3109 WELL SPRINGS DL.		75.00		
	HURST, TX 76053				
	11001001, 10 10000			of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	<u> </u>			1	
Date	Full name of contributor out-of-state PAC (ID#:	· · · · · · · · · · · · · · · · · · ·	Amount of	In-kind contribution	
, 1	Said Dage	• .	contribution (\$)	description (if applicable)	
4/23/2011	SOLEDAD BASO GO Contributor address; City; State; Zip Code				
	Contributor address; City; State; Zip Code		1-00	1	
	10660 JETROCK, ELP	ASO, TX	15,=		
		79935			
	·	11121	(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)		
		·			
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution	
			contribution (\$)	description (if applicable)	
4/27/2011	Contributor address; City; State; Zip Code			1	
*1 . *	Contributor address; City; State; Zip Code	0 41	75,00		
	10401 GROVEROCK, ELS	PASO, 7X	1, , -		
	,	79935		Į.	
		() ()	(If travel outside	of Texas, complete Schedule T)	
Principal occur	pation / Job title (See Instructions)	Employer (See	Instructions)		
,				· · · · · · · · · · · · · · · · · · ·	
	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
Date			contribution (\$)	description (if applicable)	
3/4/2011	ANTONIO & MARIANE A Contributor address; City; State; Zip Code	ARRIENTOS			
-, , ,	Contributor address; City; State; Zip Code	egetetta a alaua a Fi. K	145.00		
	3305 FREEPURT, ELPA	en an	105 7		
) ELTA	20) 1 K			
		79935	(If travel outside	of Texas, complete	
Principal occu	pation / Job title (See Instructions)	Employer (See			
The Y					
				7.0	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 50					
If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements. 🗻					
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# M					
www.ethics.state.	tyno	·		Revised 04/21/2010	